DATE RECEIVED: COMPLAINT NUMBER:	
----------------------------------	--

Kentucky Applied Behavior Analyst Licensing Board Complaint Form

Person Filing Complaint

Name:				
Address:	City:	State:	Zip Code	
Day Telephone: ()		Evening Telephone:()		
	Name of License	d Behavior Analyst		
Name:				
Address:	City:	State:	Zip Code:	
Day Telephone: ()				
Name and phone nu	ımber of persons	who may provide additi	onal information	
1. Name	Telephone: () Type of Int	Type of Information	
2. Name	Telephone: () Type of In	Type of Information	
3. Name	Telephone: () Type of In	Type of Information	
4 Nama	Tolophono: /	\ Type of Int	formation	

Brief Summary of Complaint

(Please be as specific as possible regarding names, dates locations, and actions which you believe to be improper, unethical or unprofessional.)
-

, ,	this complaint form, I hereby cer knowledge.	tify that the information is complete a	and true to the
Signature:		Date:	
•	nplaint concerns your treatment b eement to Release Information" t	y this Behavior Analyst, please sign form.	and enclose the
******		*************	******
Send to:	STATE BOARD OF APPLIED BEI PO BOX 1360 FRANKFORT KY 40602-1360 Phone: (502) 564-3296 Fax: (502) 564-4818	IAVIOR ANALYSTS	